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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P08057 (2)

**1. Corporation Name
AURORA MANAGEMENT CORPORATION**

**Principal Place of Business Mailing Address
23 WEST PARK AVENUE 23 WEST PARK AVENUE
MERCHANTVILLE NJ 08109 MERCHANTVILLE NJ 08109**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified 11/12/1985
3a. Date of Last Report 04/20/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	22-2495455	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	24	30
25	29		
Country	Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title of registration **NOTE** _____ Registered Agent signature required when constituting **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, DONALD N.	12 NAME	
STREET ADDRESS	23 W. PARK AVENUE	13 STREET ADDRESS	
CITY - ST - ZIP	MERCHANTVILLE NJ	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZALKIND, STEPHEN R.	22 NAME	
STREET ADDRESS	23 W. PARK AVENUE	23 STREET ADDRESS	
CITY - ST - ZIP	MERCHANTVILLE NJ	24 CITY - ST - ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGGAN, DIANE	32 NAME	
STREET ADDRESS	23 W. PARK AVENUE	33 STREET ADDRESS	
CITY - ST - ZIP	MERCHANTVILLE NJ	34 CITY - ST - ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORUCKI, STANLEY E.	42 NAME	
STREET ADDRESS	23 W. PARK AVENUE	43 STREET ADDRESS	
CITY - ST - ZIP	MERCHANTVILLE NJ	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **Stanley E. Borucki** **3/30/95** **(609)-662-1116**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR